

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13401

State File No. _____

LLD APR 20 1953

Registrar's No. 3007-19157

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 5 HRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ash Hill 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			d. STREET ADDRESS (If rural, give location) 3 Mile East Rombauer		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) David		c. (Last) Jackson	
4. DATE OF DEATH 3-30-53		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH 3-28-1953		9. AGE (In years last birthday) 1 Year 15 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME U		13b. MOTHER'S MAIDEN NAME Helen Wilkerson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME David Elsworth Fisk		ADDRESS Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Lobar Pneumonia (Bilateral) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-29, 1953, to 3-30, 1953, that I last saw the deceased alive on 3-30, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Frank E. Lunelli		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 3-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-1953		24c. NAME OF CEMETERY OR CREMATORY Shain Memorial	
24d. LOCATION (City, town, or county) Butler		24e. (State) Missouri			
DATE REC'D BY LOCAL REG. 3-31-53		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Y.C. White	
				ADDRESS Fisk, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 15 1953

BUTLER CO. HEALTH CENTER

FILE No. 453-186

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.